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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional application under 37 CER 1.53(b)

Attomey Docket No.: First Named Inventor:

Evnrace Mail Lahal No .

1656-2 STANLEY B. POLLAK

METHODS AND INSTRUMENTS FOR CLOSING LAPAROSCOPIC TROCAR PUNCTURE WOUNDS EV 171218410 US

3, 0	FK 1.33	(0)	Express Mail	Laber	740	27 17 12 10 4 10 00						
APPLICATION ELEMENTS See MPEP chapter 6000 concerning design patent application contents						ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						
1. 2. 3.	Ar S S S S S S S S S S S S S S S S S S S	policant clases 37 CFR pecification referred and Description Cross Restatemer Reference Compute Backgrous Brief Sums Brief Sums Brief Sums Claim(s) Abstract or rawings(seath or Description Claim(seath or Descri	rangement set forth below, MPEP 1503.05 ve Title of the Invention eferences to Related Applications at Regarding Fed sponsored R&D et to sequence listing, a table, or a er program listing appendix and of the Invention mary of the Invention cription of the Drawings (if filed) Description of the Disclosure s) (37 CFR 1.152) [Total Sheets 5] eclaration [Total Pages 2] very executed (original or copy) of from a prior application (37 CFR 1.60 DELETION OF INVENTOR(S) igned statement attached deleting]] - :3(d))	9. [10. [11. [12. [13. [14. [7. □ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. □ Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. □ Computer Readable Form (CRF) b. Specification Sequence Listing on						
6.	□ A		ventor(s) named in the prior appl., 7 CFR 1.63(d)(2) and 1.33(b) n Data Sheet. See 37 CFR 1.76			16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).Applicant must attach form PTO/SB/35 or its equivalent.						
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. ☐ Prior application information: Examiner: ☐ Group Art Unit: ☐ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS												
☐ Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or ☐ Correspondence address below												
Nar	ne ———		Galgano & Burke									
Add	Iress		300 Rabro Drive, Suite 35		·							
City	City		Hauppauge	Stat	e	New York	Zip Code	11788				
Country			USA	Tele	phone	631-582-6161	Fax	631-582-6191				
Name (Print/Type) Thomas M. Galgano					Registra	ation No. (Attorney/A	Agent)	27,638				
						Date August 21, 2003						
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PTO/SB/17 (01-03)
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FEE TRANSMITTAL FOR FY 2003

Rive 01/01/200. Patent fees are subject to annual revision

Applicant claims small entity status. See 37 CFR1.27

TAL AMOUNT OF PAYMENT (\$) 393 00

Application Number: Filing Date: First Named Inventor: Examiner Name: Group Art Unit: Attomey Docket No.:

STANLEY B. POLLAK

1656-2

TOTAL AMOUNT OF PATMENT (\$) 393.00									
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)								
□Check ⊠Credit □Money □Other □None □Card Order	3. ADDITIONAL FEES								
□ Deposit Account: □ Deposit Account Number: 07-0130	Large	Entity	Small						
Deposit Account Name: Galgano & Burke The Commissioner is authorized to: (check all that apply)	Fee Code	Fee (\$)	Fee Code		Fee Description		Fee Paid		
☐ Charge fee(s) indicated below ☐ Credit any overpayments	1051	130	2051	65	Surcharge - late fi	ling			
Charge any additional fee(s) during the pendency of this application except for issue fee	1052	50	2052	25	Surcharge - late p or cover sheet	rovisional filing fee			
Charge fee(s) indicated below, except for filing fee to the above-identified deposit account.	1053 1805	130 2520	1053 1812	130 2520	Non-English speci				
FEE CALCULATION 1. BASIC FILING FEE	1804	920*	1804	920*	reexamination Requesting public to Examiner action				
Large Entity Small Entity	1805	1840*	1805	1840*	Requesting public Examiner action	ation of SIR after			
Fee Fee Fee Fee Code (\$) Code (\$) Fee Description Fee Paid	1251 1252	110 410	2251 2252	55 205	Extension for reply	y within first month y within second month			
1001 750 2001 375 Utility filing fee <u>\$375.00</u> 1002 330 2002 165 Design filing fee	1253 1254	930 1450	2253 2254			y within third month y within fourth month			
1003 520 2003 260 Plant filing fee	1255	1970	2255	985		within fifth month			
1004 750 2004 375 Reissue filing fee	1401	320	2401	160	Notice of Appeal	,			
	1402	320	2402	160	Filing a brief in su	pport of an appeal			
SUBTOTAL (1) (\$) <u>\$375.00</u>	1403	280	2403	140	Request for oral h				
<u> </u>	1451	1510	1451	1510	Petition to institute	e a public use			
2. EXTRA CLAIMS FEES FOR UTILITY & REISSUE	1452	110	2452	55	proceeding Petition to revive -	unavoidable			
Extra Fee from Fee	1453	1300	2453		Petition to revive -				
Claims below Paid	1501	1300	2501	650	Utility issue fee (o.				
Total Claims 22 - 20** = <u>2 x 9</u> = \$18.00	1502	470	2502		Design issue fee				
Independent	1503	630	2503	315	Plant issue fee				
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Large Entity Small Entity						mber of properties)			
Fee Fee Fee Code (\$) Code (\$) Fee Description	1809	750	2809	375	37 CFR §1.129(a)				
1202 18 2202 9 Claims in excess of 20 1201 84 2201 42 Independent claims in excess of 3	1810	750	2810	375	For each additional examined 37 CFR	(§1.129(b))	· ——		
1203 280 2203 140 Multiple dependent claim,	1801 1802	750 900	2801 1802	375 900	Request for Contil	nued Examination (RCE) ——		
if not paid 1204 84 2204 42 **Reissue independent claims	1002	900	1002	300	of a design applica				
over original patent	Other	fee (spe	cify)		o. a goo.g appo.				
1205 18 2205 9 **Reissue claims in excess of of 20 and over original patent	Guio	.00 (-pc	,/						
SUBTOTAL (2) (\$) \$18.00									
**or number previously paid, if greater; For Reissues, see above	SUBTOTAL (3) (\$)								
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SUBMITTED BY						COMPLETE (If applicable)			
Name (Print/Type) Thomas M. Galgano,	Registration No. 27,638					Telephone: 631-582-6161			
Signature / Manual /						Date August 21	<u> </u>		
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